

For Administrative Use Only"

Grant Agreement Number: \_\_\_\_\_.

**ATTACHMENT A  
REQUEST FOR "PROPOSITION 40" GRANT**

**The California Clean Water, Clean Air, Safe Neighborhood Parks,  
and Coastal Protection Act of 2002**

1. Project Name: \_\_\_\_\_.

Responsible person to be contacted.

Name: \_\_\_\_\_. Title: \_\_\_\_\_.

Address:

Street or P. O. Box

City

State

Zip

Phone Number: \_\_\_\_\_.

2. Name, phone, mailing address, and email of your organization.

Name: \_\_\_\_\_. Phone Number: \_\_\_\_\_.

Day

Evening

Email Address: \_\_\_\_\_. FAX Number: \_\_\_\_\_.

Address: \_\_\_\_\_.

Street or P. O. Box

City

State

Zip

3. Project Location:

Township: \_\_\_\_\_. Range: \_\_\_\_\_. Section: \_\_\_\_\_. Base Meridian: \_\_\_\_\_. County: \_\_\_\_\_.

Township: \_\_\_\_\_. Range: \_\_\_\_\_. Section: \_\_\_\_\_. Base Meridian: \_\_\_\_\_. County: \_\_\_\_\_.

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

4. Total acres within Proposed Project Area: \_\_\_\_\_.

5. Approximate acreage to be treated: \_\_\_\_\_.

6. Are there any existing Conservation Easements, CC&R's, or pending applications for rezoning that would restrict resource management activities on the proposed project area? YES: \_\_\_\_\_. NO: \_\_\_\_\_.

If YES, Explain:

(Attach additional pages if necessary)

7. Is there an existing forest or land management plan for the proposed project area? YES: \_\_\_\_\_. NO: \_\_\_\_\_.

8. What is the CALWATER 2.2 "Watershed Number" for your project area? (The watershed number can be identified from the Watershed Assets at Risk maps available from the Prop 40 program lead at your local CDF unit or on the Internet at <http://frap.cdf.ca.gov/projects/esu/esulookup.asp>.)

Planning Watershed Number(s): \_\_\_\_\_.

9. Is your proposed project located within an identified area of moderate or high Watershed Assets at Risk? (See Watershed Assets at Risk maps at <http://frap.cdf.ca.gov/projects/prop40/> or contact your local CDF Prop 40 Forester).  
YES: \_\_\_\_\_. NO: \_\_\_\_\_.

Attachment B, Scope of Work/ Project Description:

10. Description: (Describe your project. Be complete.) This section must completely describe your proposed project and scope of work. Attach this as a separate document with the title "Attachment B Scope of Work."

11. Attach a map of not less than 1:24,000, or an adequate scale to show planned project area, measuring 8 1/2 by 11 inches, that delineates project boundaries, treatment types by area, and any other necessary information. Include a map legend that identifies these features, the project name, and project proponent.

Watershed Protection Value:

12. Describe how the proposed project will help to protect watershed values or water quality from potential wildland fire impacts. What water bodies (streams, rivers, lakes, and reservoirs) will benefit? **Establishing the relationship of your project to the protection/enhancement of watershed values is critical to obtaining funding under the Proposition 40 Grant Program.** (Refer to the attached CDF Watershed Protection Value Guidelines.)

Local Fire Plan Compatibility:

13. Describe how the proposed project is compatible with the priorities of the CDF Unit Fire Plan or Community Wildfire Protection Plan.

Attachment C, Budget Detail and Payment Provisions/ Project Budget:

14. Attach the Budget as a separate document with the title "Attachment C, Budget Detail and Payment Provisions"

Eligibility:

15. Organizations eligible for this funding are government agencies, including local Fire Districts and Resource Conservation Districts, and non profit organizations that qualify under Section 501(c)(3) of the Internal Revenue Code. Federal land is NOT eligible for Proposition 40 funding. See eligibility statement within the CDF Prop 40 Procedural Guide.

Is there a timber harvesting document, for which a "Notice of Completion" has not been filed, on any portion of the proposed treatment area? YES: \_\_\_\_\_. NO: \_\_\_\_\_. If YES, list the document number: \_\_\_\_\_.

CEQA Compliance:

16. Is there any existing California Environmental Quality Act (CEQA) document that addresses this project or that can be used to meet CEQA requirements? YES: \_\_\_\_\_. NO: \_\_\_\_\_. If YES, describe the document, i.e. negative declaration, categorical exemption, or EIR. If NO, describe how compliance with CEQA will be achieved.

Explain: \_\_\_\_\_

**NOTE TO APPLICANT:** If you modify the language contained in any part of this document, other than to fill in the blanks, or to provide requested information, your application will be rejected. Include **three (3) original signed copies** with original signature of Attachment A, and three original complete sets of all supporting information.

I certify that the above and attached information is true and correct.

Executed on \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Original Signature Required: Grantee's Authorized Representative.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Attachment A (cont.)**  
**Watershed Protection Value Guidelines**  
**Item 12 of Attachment A**  
**Proposition 40**

Watershed Protection Value:

12. Describe how the proposed project will help to protect watershed values or water quality from potential wildland fire impacts. What water bodies (streams, rivers, lakes, and reservoirs) will benefit?

- Catastrophic wildfires, wildfires that are very large and/or burn intensely hot, can significantly impact watersheds and reduce water quality downstream.
- Watersheds with one or more of the following conditions are at increased risk of catastrophic wildfire:
  1. Extensive and continuous fuels with no breaks.
  2. Fuel ladders that can result in crown fires.
  3. Very heavy fuel loading in critical locations.
  4. Concentrations of highly flammable fuels in locations where frequent ignitions are more likely to occur, and/or,
  5. Other conditions, explain.

Some or all of the above conditions exist in XYZ watershed. List and briefly elaborate.

- The XYZ watershed protection project will (select one or more and elaborate ):
  1. Create fuel breaks in strategic locations, helping keep wildfires smaller.
  2. Remove fuel ladders, helping to keep fires on the ground and reduce the risk of crown fires and flying embers that cause spot fires. .
  3. Reduce fuel loading in critical locations, helping to reduce wildfire intensity.
  4. Reduce highly flammable fuels in locations where frequent ignitions are more likely, helping to prevent escapes which can lead to large wildfires.
  5. Affect other conditions, explain the project benefit.
- The XYZ watershed protection project will serve to protect the following watershed values at risk, which are adjacent or downstream:
  1. Drinking water supplies for the communities of (name and location of the community and the point of diversion in relation to the project and water bodies being protected.)
  2. Critical habitat (critical species and location of the habitat in relation to the project and the water bodies being protected.)
  3. Wild and Scenic Rivers (name and location in relation to the project and the water bodies being protected.)
  4. Water oriented recreation area (name and location in relation to the project and the water bodies being protected.)
  5. Other (name and location in relation to the project and the water bodies being protected.)

**Attachment C**  
**Proposition 40 Project Budget Template**

**Task Budget Items**

|                           | <u>Prop 40</u> | <u>Match</u> | <u>Total</u> |
|---------------------------|----------------|--------------|--------------|
| a. Project Administration | _____          | _____        | _____        |
| b. Operating Expenses     | _____          | _____        | _____        |
| c. CEQA Compliance        | _____          | _____        | _____        |
| d. Project Implementation | _____          | _____        | _____        |
| <b>TOTALS:</b>            | _____          | _____        | _____        |

**Task & Line Item Budget Breakdown**

|   | <u>Prop 40</u> | <u>Match</u> | <u>Total</u> |
|---|----------------|--------------|--------------|
| <b>a. Project Administration:</b>       |                |              |              |
| Personnel Services                      | _____          |              |              |
| Facilities Costs                        |                |              |              |
| Rent                                    | _____          |              |              |
| Utilities                               | _____          |              |              |
| Phone                                   | _____          |              |              |
| <b>b. Operating Expenses:</b>           |                |              |              |
| Office Supplies                         | _____          |              |              |
| Printing                                | _____          |              |              |
| Travel                                  | _____          |              |              |
| Minor Equipment ( <i>Must Specify</i> ) | _____          |              |              |
| _____                                   | _____          |              |              |
| Other ( <i>Must Specify</i> ) _____     | _____          |              |              |
| <b>c. Compliance with CEQA:</b>         |                |              |              |
| Professional and Consultant Services    | _____          |              |              |
| Environmental Fees                      | _____          |              |              |
| Other ( <i>Must Specify</i> ) _____     | _____          |              |              |
| <b>d. Project Implementation</b>        |                |              |              |
| Professional and Consultant Services    | _____          |              |              |
| Contractual work                        | _____          |              |              |
| Other ( <i>Must Specify</i> ) _____     | _____          |              |              |
| <b>PROJECT TOTALS:</b>                  | _____          |              |              |

## Budget Instructions

Attachment C – Project Budget Detail must be in both a Task Budget and Line Item Budget format. The information required is described below. Attachment C should show total funded by CDF with Prop 40 dollars, any matching dollars, and the total project cost. Matching dollars are not a prerequisite under Prop 40, however, please list if available. There must be three (3) columns if match is included.

The **Task Budget Items** should include within the totals all components from the **Task & Line Item Budget Breakdown**, such as: personnel services, operating expenses, program administration, general support, supplies, and travel required for each task. A budget adjustment or amendment will be required to redirect dollars from one line item to another or from one task to another after execution of the Agreement. The adjustment should include information regarding both line item and task changes that are affected.

## Budget Items Defined

### Administrative Cost - Personnel Services

Personnel Services include: salaries and benefits for wage-earning personnel employed by the grantee and working directly on the project. Benefits, calculated as a percentage of salaries, are contributions made by the contractor for sick leave, retirement, insurance, etc. These services should be broken down by classification/title and rate of pay, number of hours.

### Administrative Cost - Facilities Costs

The portion of rent, utilities, and phone that are ***directly related to the project*** may be billed. Directly related to the project may take the form of prorated costs for facilities based on the portion of office activities that are devoted to the project. Invoices billed against these line items must include an explanation of how they were computed.

### Operating Expenses

Operating expenses may include printing, supplies and travel. Types of operating expenses must be listed. Travel will be reimbursed at or below the rate allowed for State employees.

### Professional and Consultant Services

Professional and Consultant Services (subcontracts) include the costs for any consultants needed by the grantee to complete any or all tasks. These expenses are shown under CEQA Compliance and Project Implementation.

### Eligible Costs

Only direct project-related costs incurred during the project performance period specified in the project budget and Grant Agreement will be eligible for reimbursement. Costs are eligible whether a consultant and/or contractor performed the services. All eligible costs must be supported by appropriate documentation. Costs incurred in advance of the effective date of the Grant Agreement are not eligible. **Indirect costs are not eligible.**

“Indirect Costs” means expenses of doing business that are of a general nature and are incurred to benefit at least two or more functions within an organization. These costs are not usually identified specifically with a grant, contract, project or activity, but are necessary for the general operation of the organization. Examples of Indirect Costs include salaries and benefits of employees not directly assigned to a project; functions such as personnel, accounting, and salaries of supervisor and managers, and facility costs not justified as project costs, etc.

1. **Project Administration** – May be spent on direct project management, etc., incurred after the date of the Grant Agreement.
2. **CEQA** – The costs associated to prepare your California Environmental Quality Act (CEQA) documents prior to being able to commence on the ground project work. This would include fees paid for archeological Record Searches, Smoke Management Fees paid to Air Quality Districts, and Department of Fish & Game fees for document review.
3. **Personnel or employee services** – Costs for services of the Grantee’s employees directly engaged in project execution must be computed according to the Grantee’s prevailing wage or salary scales, and may include fringe benefit costs such as vacations, sick leave, social security contributions, etc., that are customarily charged to the recipient’s various projects. Costs charged to the project must be computed on actual time spent on a project as well as payroll records. Overtime costs may be allowed under the recipients established policy provided the regular work time was devoted to the same project. An hourly or daily rate must be provided.

**Operating Expenses** – Operating expenses may include some of the following: printing, supplies and travel. Printing Costs &/or Postage for pamphlets or brochures must be specific to the project area and not general community outreach programs that are beyond the project scope of operations.

4. Other types may be justified if they are a direct result of performing the project. Types of operating expenses must be listed.
5. **Professional and Consultant Services** – Costs associated with hiring a Consultant such as a Registered Professional Forester (RPF) to assist in the project. This includes project design and layout, plus services required for the preparation of environmental documents (CEQA).
6. **Contractual Work** – Per increment according to proposed project work. For example: Fuel breaks would list cost per acre. Chipping projects may be listed cost per ton. Any costs for crews could be shown as cost per hour or cost per day.
7. **Contingency Costs** – Contingency costs are not allowed. (See Eligible Costs)

**BEFORE THE BOARD OF DIRECTORS OF THE  
(NAME OF COUNTY, CITY, DISTRICT, OR OTHER LOCAL PUBLIC ENTITY)  
COUNTY OF (NAME), STATE OF CALIFORNIA**

**IN THE MATTER OF:**

**RESOLUTION NO:** \_\_\_\_\_  
**APPROVING THE DEPARTMENT OF FORESTRY AND FIRE** \_\_\_\_\_  
**PROTECTION AGREEMENT (NUMBER)** \_\_\_\_\_  
**FOR SERVICES FROM DATE TO DATE** \_\_\_\_\_

**BE IT RESOLVED** by the Board of Directors of the **(NAME OF COUNTY, CITY, DISTRICT, OR OTHER LOCAL PUBLIC ENTITY)**, that said Board does hereby approve the agreement with the California Department of Forestry and Fire Protection dated **(Month, day, year)**. This agreement provides **(Type of service)** during the State fiscal year **(i.e. 2002/2003)**.

**BE IT FURTHER RESOLVED** that the **(Position of officer (Director, Treasurer, etc) or Name of person and Title)** of said Board be and hereby is authorized to sign and execute said agreement on behalf of the **(NAME OF COUNTY, CITY, DISTRICT, OR OTHER LOCAL PUBLIC ENTITY)**.

The foregoing resolution was duly passed and adopted by the Board of Directors of the **(NAME OF COUNTY, CITY, DISTRICT, OR OTHER LOCAL PUBLIC ENTITY)** at a regular meeting thereof, held on the \_\_\_\_\_ day of \_\_\_\_\_ Month \_\_\_\_\_, Year by the following vote:

AYES:

NOES:

ABSENT:

\_\_\_\_\_  
Signature, Board of Directors Member

\_\_\_\_\_  
Print Name and Title

**ATTEST:**

I \_\_\_\_\_, Clerk of the **(NAME OF COUNTY, CITY, DISTRICT, OR OTHER LOCAL PUBLIC ENTITY)**, California does hereby certify that this is a true and correct copy of the original.

Print Name

\_\_\_\_\_  
Signature

**SEAL OR NOTARY CERTIFICATON**

\_\_\_\_\_  
Title  
Revision 07/04  
S.C.M. 3.05 - Contracts with local government

**PAYEE DATA RECORD**

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (Rev. 6/2003)

1.

**INSTRUCTIONS:** Complete all information on this form. Sign, date and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this **fully completed** form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement.

**NOTE:** Governmental entities, federal, State, and local (including school districts) are not required to submit this form.

2.

PAYEE'S LEGAL BUSINESS NAME (Type or Print)

SOLE PROPRIETOR-ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)

E-MAIL ADDRESS

MAILING ADDRESS (Number and Street or P.O. Box Number)

BUSINESS ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

3.

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):

☐ PARTNERSHIP☐ ESTATE OR TRUST**CORPORATION:**☐ MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)☐ LEGAL (e.g., attorney services)☐ EXEMPT (nonprofit)☐ ALL OTHERS
☐ **INDIVIDUAL OR SOLE PROPRIETOR**  
 ENTER SOCIAL SECURITY NUMBER:

(SSN required by authority of California Revenue and Tax Code Section 18646)

**NOTE:**  
Payment will not be processed without an accompanying taxpayer I.D. number.

PAYEE  
ENTITY  
TYPECHECK  
ONE BOX  
ONLY

4.

PAYEE  
RESIDENCY  
STATUS☐ California Resident – Qualified to do business in California or maintains a permanent place of business in California.☐ California nonresident (see reverse side) – Payments to nonresidents for services may be subject to State income tax withholding.☐ No services performed in California.☐ Copy of Franchise Tax Board waiver of State withholding attached.

5.

***I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State Agency below.***

AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)

TITLE

SIGNATURE

DATE

TELEPHONE (Include Area Code)

6.

Please return completed form to:

Department/Office: \_\_\_\_\_

Unit/Section: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_



|   |  |
|---|--|
| 1 | <p><b><i>Requirement to Complete Payee data Record, STD. 204</i></b></p> <p>A completed Payee Data Record, STD. 204 is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD 204. on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>   |
| 2 | <p>Enter the Payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>  |
| 3 | <p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number FEIN).</p>  |
| 4 | <p><b><i>Are you a California resident or nonresident?</i></b></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:<br/>       Withholding services and Compliance Section: 1-888-792-4900 E-Mail Address: <a href="mailto:wscs.gen@ftb.ca.gov">wscs.gen@ftb.ca.gov</a><br/>       For hearing impaired with TDD, call: 1-800-822-6268 Website: <a href="http://www.ftb.ca.gov">www.ftb.ca.gov</a></p> |
| 5 | <p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>   |
| 6 | <p>This section must be completed by the State agency requesting the STD. 204.</p>   |
|   | <p><b>PRIVACY STATEMENT</b></p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state or local governmental agency which requests an individual to disclose their social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it. It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000. You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business. All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>  |

# APPENDIX G

## Prop 40 Invoice Guidelines

### For Community Assistance Grants (CAGs)

The following are required elements for invoice submission:

- 1) The word "Invoice" should appear in a prominent location at the top of the page(s) and include a sequential number
- 2) Entities Name
- 3) Entities Remittance Address (should be the same as the std. 204 Payee Data Record)
- 4) Invoice Date
- 5) Grant Agreement Number-8CA0XXXX which the claim is based
- 6) Name of Project
- 7) Date of Project Work (i.e. may be a date range)
- 8) Interim or final invoice
- 9) **Signature of person designated in resolution** to enter into agreements and sign invoices.
- 10) For on the ground project work include a map showing completed acres.
- 11) Unit Costs: Examples include area treated as cost per acre or for chipping operations cost per ton. For labor it should show an hourly or daily rate.
- 12) Invoice must be an original on grantee's letterhead (i.e. recipient of the grant would be the Fire Safe Council, Fire Protection District, or Resource Conservation District)

The entities name must match the grantee listed on the agreement. The warrant (check) will be cut by State Controller's Office using the entities name.

The invoice must show the time period actually being billed. Each invoice should include an invoice number. If your accounting system does not use pre-numbered invoices, it is acceptable to number the project invoices sequentially beginning with number 1.

The invoice must correspond with the provided budget detail submitted with Attachment A (C.A.G. application) with a unit cost as explained in item 11 above. Include personnel hours with copies of time and attendance reports for any *direct project/management* time incurred. Copies of receipts, invoices or other records demonstrating proof of work completed must accompany the payment request and support all charges. The final invoice must be clearly marked **FINAL INVOICE**.

The original invoice will include supporting documentation. The invoice package will be submitted to the Unit Prop 40 Forester for review and verification of work. The Prop 40 Forester will forward the invoice with supporting documentation to **Sacramento Headquarters** for review and upon approval process for payment.

Sacramento Headquarters Grants Analyst will be the final check for the calculations and to ensure the invoice is for services agreed upon in the signed agreement. After the Sacramento Headquarters Grants Analyst finalizes the invoice for payment and delivers the invoice to the Department Accounting Office, it will be approximately an additional 2 weeks for a warrant to be cut. The vendor can expect payment within 4-8 weeks once the invoice is sent to Sacramento. Sacramento Headquarters will send the field analysts a courtesy copy of the approved invoice for their files.

**SAMPLE INVOICE**

**Invoice**

**Any town Fire District  
22230 County Road  
Paradise, CA 95969**

Any town Fire District

Invoice No. R-42223

Date: 7/20/2005

Agreement No: 8CAXXXXX

| <u>Description</u>   | <u>Amount</u> |
|--|---------------|
| Prepare environmental documents and review CEQA              | 5,585.00      |
| Photo monitoring "Success Story" development 3 hrs. \$30/hr. | 90.00         |

The above referenced charges are for Long Winding Road Shaded Fuel Break Prop 40 Grant.  
Charges incurred 6/13-6/17/2005.

Make Check Payable To:  
Any town Fire District  
22230 County Road  
Paradise, CA 95969  
(530) 555-1212

**Signature of Person Authorized in Resolution**

**Title**

**Date**

**Amount Due & Payable 5675.00**

**PAYMENT REQUEST**  
**California Clean Water, Clean Air, Safe Neighborhood Parks,**  
**and Coastal Protection Act of 2002**  
**Sierra Nevada Forest Land and Fuels Management Grant Program (Proposition 40)**

|   |  |   |      |
|---|--|---|------|
| 1. PROJECT NUMBER   |  | 2. GRANT AGREEMENT NUMBER<br><b>8 C A</b> _____ |      |
| 3. GRANTEE  |  |   |      |
| 4. PROJECT TITLE  |  |   |      |
| 5. TYPE OF PAYMENT<br><input type="checkbox"/> Advance <input type="checkbox"/> Interim <input type="checkbox"/> Final  |  |   |      |
| <b>6. PAYMENT INFORMATION</b>   |  |   |      |
| Amount Of This Request <span style="float: right;">; \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></span>  |  |   |      |
| <b>7. SEND WARRANT TO:</b>  |  |   |      |
| GRANTEE NAME  |  |   |      |
| STREET ADDRESS  |  |   |      |
| CITY/STATE/ZIP CODE   |  |   |      |
| ATTENTION   |  |   |      |
| <b>8.</b> I represent and warrant that I have full authority to execute this payment request on behalf of the Grantee. I declare under penalty of perjury, under the laws of the State of California, that this report, and any accompanying documents, for the above-mentioned Grant is true and correct to the best of my knowledge. I certify that this payment request is for actual expenditures for materials and services directly related to the scope of this agreement. |  |   |      |
| SIGNATURE OF PERSON AUTHORIZED TO RESOLUTION<br>▶   |  | TITLE   | DATE |
| <b>FOR CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION USE ONLY</b>   |  |   |      |
| PAYMENT APPROVAL SIGNATURE<br>▶   |  |   | DATE |

***See instructions on reverse.***

# **PAYMENT REQUEST FORM INSTRUCTIONS**

**One Payment Request Form must be submitted for each grant project payment.**

The following instructions are keyed to corresponding items on the Payment Request Form:

1. PROJECT NUMBER — The number assigned by the State to this project.
2. GRANT AGREEMENT NUMBER — As shown in the Certification of Funding section of the project
3. GRANTEE — Grantee name as shown on the project agreement.
4. PROJECT TITLE — Title of project for which payment is requested.
5. TYPE OF PAYMENT — Check appropriate box.
  - a. Advance Payments (See detailed instructions in the Procedural Guide for requesting advance payments).
  - b. Interim (See below for required documentation).
  - c. Final Payment
6. PAYMENT INFORMATION
  - (a) Amount of This Payment Request.
7. SEND WARRANT TO — Agency name, address and contact person.  
(Must match information provided on grant application and Std. 204 Payee Data Record when applicable).
8. SIGNATURE OF PERSON AUTHORIZED IN RESOLUTION — Must be an original signature by the person authorized in the application resolution.

## **Payment Requests - Documentation Required - Avoid Delays in Payments**

All payment requests must be submitted using a completed Payment Request Form. This form must be accompanied by an itemized list of all charges documenting check numbers, amounts, dates, receipts, purpose of expenditures, and clearly identify charges to work plan tasks and elements. Any payment request that is submitted without the itemization will not be authorized. Copies of paid invoices or other records demonstrating proof of payment must accompany the request and support all charges. If the itemization or documentation is incomplete, inadequate or inaccurate, the State will inform the Grantee and hold the payment request until all required information is received or corrected. Any penalties imposed on the Grantee by a contractor because of delays in payment will be paid by the Grantee and is not reimbursable under this Grant Agreement.

## **Application Check List**

- Completed Attachment A-Application Form ☐
- Completed Attachment B-Project Scope of Work ☐
- Completed Attachment C-Project Budget Detail ☐
- Attach Project Area Map ☐
- Articles of Incorporation, including document w/seal from Secretary of State (non-profit applicant). ☐

**(Submit one original set to the local Proposition 40 Forester.  
See Appendix I.)**

## **Agreement Check List Final Submission to CDF for Grant Approval**

- Three original signed Grant Agreements with attachments A, B, & C ☐
- One original Board Resolution or Attesting Document ☐
- Articles of Incorporation for non-profit applicants ☐
- Std. 204 Payee Data Record (Non-Profit Applicants) ☐

**Submit three original copies to the local Proposition 40 Forester.  
See Prop 40 Contacts.**